

△ NEWSLETTER △

DIVISION OF CLINICAL PSYCHOLOGY

January, 1955

Vol. 8, No. 2

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Helen D. Sargent

THE PROPOSED LEGISLATIVE MORATORIUM

The proposed moratorium on legislation, jointly recommended by the APA Committee on Relations with Psychiatry and psychiatric association's Committee on Relations with Psychology has been widely distributed and is being much discussed. Available also to the Board of Directors, the Council of Representatives, and to officers and delegates of state psychological associations are a number of supplementary statements issued by the APA committee, the Conference of State Psychological Associations, and the Joint Council of New York State Psychologists on Legislation. In spite of the fact that many readers of the Newsletter will have seen part or all of these documents, the issues are of such importance, particularly to members of Division 12, that we are reprinting all of the above materials in this issue for your careful study, and to solicit your thinking. Your attention is particularly called to the letter from Fillmore Sanford, Executive Secretary of the APA, dated January 5, 1955, on pages 8-9. This statement was made in response to our request for an up-to-date summary for this Newsletter of the present status of the moratorium proposal and the reactions which have been coming back to the APA.

I. Letter to Officers and Delegates of State Psychological Associations from the Executive Secretary of the APA, November 8, 1954:

"On October 30 and 31, the APA Committee on Relations with Psychiatry and the psychiatric association's Committee on Relations with Psychology (formerly the Committee on Clinical Psychology) held joint meetings here in APA headquarters and, among other things, worked out a joint proposal for a 'truce' between the two professions. A copy of the joint resolution is attached. Almost immediately, since the Council of the psychiatric association was meeting in Washington at the time, the psychiatrists took official action on the resolution. A copy of this action is also attached.

"The Board of Directors of APA will not, of course, take action itself or recommend that the Council of Representatives take action until there has been opportunity for psychologists to discuss the whole matter as fully as possible. And of course APA will not approve the proposal unless there is wide agreement among psychologists that the action is desirable. The Committee wishes it were possible to communicate fully to you the reasons for its enthusiasm for the proposed moratorium. But it also hopes that discussion will begin immediately so that action can occur, if any, before state legislatures convene in 1955. In line with the latter hope, the Committee chairman has asked that this matter be brought to the immediate attention of the officers of state associations so that they in turn can facilitate local discussion. President Kelly also agrees that this is a desirable step.

"You and psychologists generally are urged to communicate reactions to members of the Committee, to members of the Board of Directors, or to the Executive

Committee of CSPA. The latter group undoubtedly will discuss the matter at its winter meeting. The APA Committee hopes that psychologists will reserve final judgment until the Committee has had an opportunity to present its ideas and feeling about the matter. But I think the Committee also has a great deal of confidence that psychologists can react wisely and insightfully to the proposal without benefit of any Committee's ministrations."

II. Joint resolution of the Committee on Relations with Psychology of the American Psychiatric Association and the Committee on Relations with Psychiatry of the American Psychological Association, October 31, 1954:

"The Committee on Relations with Psychology of the American Psychiatric Association and the Committee on Relations with Psychiatry of the American Psychological Association agree that collaborative working relations which have developed widely between psychiatrists and psychologists have contributed substantially to human welfare and to the effectiveness of our two professions. We recognize also that complex and difficult problems have arisen with respect to the relationships between our two professions. We agree on the desirability of a joint effort to explore these problems. We agree that the ultimate test for resolving our differences should be what is best for human welfare. We believe that with continued effort it should be possible for our two professions gradually to work out a more satisfactory understanding.

"We recommend to our respective associations the development of a program of active exchange of viewpoints, including the use of official publications for this purpose, and the encouragement and joint undertaking of surveys and research subjects to determine (a) what factors have contributed to the development of those collaborative working relationships which we can agree are effective and desirable, and (b) how more constructive relationships may be promoted.

"To provide favorable opportunity for such endeavors and in order that our inter-professional relations may evolve wisely and soundly over the next few years in the light of evidence and the warmth of good will, we recommend to our associations that by mutual agreement they seek to establish a moratorium on all legislative actions which would modify the relations between the two professions, except as such actions may be mutually agreed upon by our two associations. The kind of legislative actions referred to would include licensure or certification laws for clinical psychologists or modifications of medical practice acts in a manner which would restrict the present activities of either profession. We further recommend that the associations agree to begin immediately working toward mutually satisfactory certification procedures for psychologists, and that the associations in turn urgently recommend to their members and constituent and affiliate societies observance of the proposed moratorium on legislative actions."

(This resolution was adopted unanimously by the Council of the American Psychiatric Association, October 31, 1954.)

III. Invitation from the American Psychiatric Association:

The American Psychiatric Association invites the American Psychological Association to enter into an agreement on the basis of a common acceptance of the

joint resolution of the Committee on Relations with Psychology of the American Psychiatric Association and the Committee on Relations with Psychiatry of the American Psychological Association.

"We propose that our Associations agree to seek through joint discussion, surveys and research projects, a resolution of problems arising between our professions. We propose that by mutual agreement our Associations establish as a policy and urgently recommend to their members and constituent and affiliated societies the seeking of a moratorium on all legislative actions regulating the relations between psychiatry and psychology except as such actions may be acceptable to both Associations. It is our hope that this moratorium will extend for at least five years. During this time, we trust that many questions may be worked out to the public benefit as well as to our mutual satisfaction. We propose further that this moratorium be terminable by either organization on one year's written notice."

IV. Statement to The Board of Directors, the Council of Representatives, the Executive Committee, Conference of State Psychological Ass'ns., the Officers of State Psychological Associations from Committee on the Relation of Psychology to Psychiatry (George A. Kelly, R. Nevitt Sanford, Robert R. Sears, Milton Wexler, John G. Darley, Chairman, Fillmore H. Sanford, ex officio), November 30, 1954:

"Dr. Sanford has recently sent to each of you the text of a joint resolution prepared by our own Committee, in conjunction with the Committee on Relations with Psychology of the American Psychiatric Association. He has also sent an invitation from the American Psychiatric Association to the American Psychological Association to accept the terms of this joint resolution as one guide to our inter-professional relations in the future months. This invitation followed upon the unanimous acceptance of the joint resolution by the Council of the American Psychiatric Association at its meeting in Washington, D. C., 31 October 1954.

"It now becomes the collective responsibility of the American Psychological Association to reach its own decision and to act as it sees fit on the resolution and invitation.

"Your Committee on Relations with Psychiatry undertakes here to describe the events leading up to the resolution and to set forth its judgment on the issues involved. The committee members individually are also meeting with interested groups within APA for face-to-face discussions of the problem. It is our belief that the decision of the American Psychological Association should be reached this winter, by mail ballot of the Council of Representatives and by Board of Directors' action.

"It is furthermore our sincere hope that the American Psychological Association will support the position we have taken as its Committee on Relations with Psychiatry.

"At the time the membership of your present committee was appointed (in the fall of 1953 after the Cleveland meetings), our relations with psychiatry were unusually strained, although men of good will from both psychiatry and psychology had been attempting to keep the peace. The American Psychological Association had accepted by Council action the report of the Committee on Relations with Other Professions, had renewed its policy approval of our new code of ethics, and had moved forward in its evolution of sound legislative proposals.

"Parallel with these developments, the various psychiatric organizations had moved in the direction of proposals aimed at the restriction of psychotherapy to those licensed for the practice of medicine and had raised fundamental questions about private practice in the field of clinical psychology. A reading of the official publications of the organizations involved will recall this history rather vividly. A meeting of the two committees on interprofessional relations, held in the winter of 1953, was something of a shambles of charges and countercharges.

"It was against this background that we met with the psychiatrists in February, 1954. Our position at that time was made clear: by our Council action, private practice of psychology had been accepted as official policy, under safeguards deemed professionally sound by criteria of ethical considerations, interprofessional relations, and special competence; so far as psychotherapy was concerned, we were willing to argue against restrictive changes in medical practice acts in forty-eight state legislatures, if it became necessary to do so. This position we maintained throughout our two-day conference with the psychiatrists.

"The results of this first meeting of your new committee with the psychiatrists were not clear-cut. Our discussion, as indicated in our report to the 1954 meeting of the Council of Representatives, ranged over such topics as the definition of illness, the concept of "total professional responsibility," independent private practice, and the conditions of effective collaboration. Throughout the discussions, however, we maintained the basic position outlined in the preceding paragraph.

"Shortly after our meeting of February 1954, the tide of history supervened again. The Greenberg amendment was defeated in the New York State Legislature by an effective political coalition; the situation in Michigan became clarified; the role of clinical psychology within the Veterans Administration came under further review; the American Medical Association began to explore problems of interprofessional relations with some representatives of psychology. These events, combined with others the shape and meaning of which are not yet entirely clear, brought us to the September 1954 meeting of the Council of Representatives. We then asked that our committee be continued with its present membership for another year, that we be given authority to meet again with the psychiatrists, and that we be permitted to confer with other interested bodies within the American Psychological Association on the evolving problems of interprofessional relations with the psychiatrists. The Council of Representatives granted these requests. The Executive Council of the American Psychiatric Association had granted similar requests from its Committee on Relations with Psychology at its May 1954 meeting.

"The atmosphere and outcomes of our recent October meeting with the psychiatrists seemed to us to represent major progress. Rather than engaging in extensive debate and argument, the two committees moved quickly to the position that the two professions were going to exist side by side for the general good of society, and that our job should be to find ways to maximize harmonious co-existence and collaboration.

"Our joint resolution specifies three next steps: the moratorium on restrictive legislative action; joint access to each other's professional journals for an exchange of viewpoints on interprofessional problems; and an attempt to establish cooperatively plans for surveys and research studies on interprofessional problems. In the opinion of your committee, these latter two aspects of the joint resolution will in the long run be the most productive outcomes of our work.

"Specifically, the psychiatrists have promised to help us get articles placed either in the Journal of the AMA or another journal of wide general circulation among all doctors, not alone psychiatrists, for whatever statements members of our committee care to prepare on the problems of interprofessional relations. These articles will be matched in the American Psychologist by articles from members of their committee, in order to inform our membership of the problems as they see them. A case in point is the recent article in the October issue of the American Psychologist by Dr. Richard L. Jenkins, of their committee.

"Again, if the American Psychological Association accepts the invitation of the American Psychiatric Association, our next meeting with the committee representing the American Psychiatric Association will be devoted to the planning of surveys and research studies that should provide a more positive approach to the range of problems both professions face.

"So far as the legislative moratorium is concerned, we would be honor bound, as would the psychiatrists, to consult with each other prior to the introduction of legislation 'which would modify the relations between the two professions... (or) restrict the present activities of either profession.'

"No single memorandum can convey all the elements in the situation which we now face as a profession; no set of written words alone can reflect all the factors upon which your committee has acted in its dealings with the committee of psychiatrists. We shall therefore take whatever occasion presents itself in the coming months to confer with other groups within the APA. We shall also undertake to answer any questions submitted to us, as individual committee members, regarding the issues involved and the situations leading up to our joint resolution with the psychiatrists.

"It is our deep conviction that the course of action envisaged by the joint resolution is a wise and socially desirable pathway to our own professional development as psychologists and a decent and sincere recognition by the psychiatrists of our place in the sun.

"We commend the joint resolution to the American Psychological Association as worthy of its official support."

V. Response from the Conference of State Psychological Associations, Dec. 5, 1954:

(At a meeting on December 5, 1954 the Executive Committee of the CSPA voted that the following statement be transmitted to the Council of Representatives, with copies to the Board of Directors, officers of state psychological associations, and members of the Committee on Relations with Psychiatry and of the newly-appointed APA Committee on Legislation.)

"The Executive Committee of the Conference of State Psychological Associations has examined carefully the joint resolution of the committees representing the American Psychological Association and the American Psychiatric Association and wishes to commend the members for their work in attempting to solve the problems confronting the two professions. We feel that such negotiations should be continued and broadened to include other members of the medical group. We believe that the plan for an exchange of information concerning the mutual problems

of the two professions in their respective journals and joint research on these problems is a constructive proposal. We recognize that legislation is only one step in the sociology of the development of a profession; that there will yet remain even greater concern for ethical considerations, training standards, the elimination of doctrinaire behavior, and problems of interprofessional collaboration. The CSPA Executive Committee wishes to point out that thus far there are two policy statements of the American Psychological Association that have a bearing on all legislative matters: (a) that the Association is opposed to restrictive legislation; and (b) that each profession should regulate the members of its own profession.

"In view of the preceding factors and others that are set forth below, we feel that the joint resolution as proposed is unsatisfactory. Some specific problems which need resolution follow.

"1. We do not see how we can justify a claim to protecting the public by delaying legislative activities for a period of five years.

"2. The resolution as proposed is not broad enough in its coverage either to avoid or to cope with the manifold interprofessional problems that would arise during an interval of such magnitude. For example, no machinery for adjusting interprofessional grievances that may arise is suggested.

"3. We do not believe that it would be morally right for us to recommend to state associations that they drop legislative programs that have been under way for several years. Many of these proposals will likely be presented to the next sessions of the respective state legislatures. There are no provisions in the present resolution dealing with this problem.

"4. The resolution does not provide information as to the present position of the American Psychiatric Association with regard to their previously announced policy of favoring certification; nor does the resolution give adequate information concerning the interpretation of 'certification.' Clarification is needed on these points.

"5. We feel that the published policy statements of the American Psychiatric Association which have appeared to date would minimize the effectiveness of a moratorium.

"We have disapproved of the joint resolution in its present form, since we believe that enough real problems have been raised to require further consideration. We believe also that continued negotiations will enable the two professions to arrive at just and amicable agreement. We earnestly urge that every effort be made to keep the negotiators at work."

VI. Response from Joint Council of New York State Psychologists on Legislation, December 23, 1954:

"On November 22 and December 14, 1954, the Joint Council of New York State Psychologists on Legislation discussed the resolution issued jointly on October 31st by committees of the American Psychological Association and American Psychiatric Association. Reported here is our position regarding the resolution.

"The Joint Council believes that:

"1. The resolution, as it now stands, should not be adopted by the American Psychological Association;

"2. Negotiations between the two professions, as proposed in the resolution, should be welcomed and encouraged;

"3. The moratorium on legislation proposed in the resolution reflects the realization on the part of the psychiatric committee that restrictive measures are not constructive; however, we are not aware of the fact that this realization is shared by all local and regional medical groups;

"4. The moratorium may not be really suitable to be voted on in its present form, since it does not include procedures for redress from abrogations of the agreement, or for dealing with problems arising from non-legislative restrictive measures which may be undertaken locally; nor does it indicate to what extent the moratorium would be binding on local groups.

"5. A legislative moratorium is not a prerequisite to collaborative study and negotiation between the two professions; moreover, a prior agreement not to take independent action may actually be a deterrent to progress in negotiation, which is probably why such agreements are rarely made in the course of human affairs;

"6. If no substantial progress were made during the moratorium period, the probability is that Psychology would be in even a weaker position, relative to Psychiatry, than it is now; time typically operates to the advantage of the stronger group, inasmuch as it is in a better position to exert influence and set precedent.

"7. The American Psychological Association should offer to the American Psychiatric Association a constructive counterproposal which would include the continued exploration and study of areas of common concern to the two professions in the spirit of the present resolution, would recognize the importance of local determination of both legislative and non-legislative issues affecting the two professions, and would embody in place of the legislative moratorium a principle of joint consultation (but not necessarily agreement) prior to legislative action by either profession.

"The suggestion of a counterproposal, stated in point 7 above, is prompted by the belief that the cooperative spirit of the joint resolution should be carried on by the American Psychological Association, even though other features of the resolution are, to our thinking undesirable. Furthermore, the proffering of a substitute proposal should minimize any disruption of the cooperation which has been so commendably launched.

"In the hope that it may be helpful in clarifying our position, permit us to illustrate the possible phrasing of such a substitute proposal. It is our feeling that the first two paragraphs of the original joint resolution might be carried over intact to the new one. In place of the present third paragraph, something like the following would serve to obviate the issues to which we have taken exception:

" 'By way of implementation of this program, and in order to provide a suitable atmosphere in which it can flourish, we further recommend that:

" 'A. the associations authorize their respective committees to develop as soon as possible a specific plan for this program, with concrete recommendations for action;

" 'B. this plan provide both for legislative matters affecting the two professions and non-legislative activities relating to their collaborative relationships and other mutual concerns affecting the public welfare;

" 'C. the two associations, in recognition of the fact that both legislative and non legislative considerations may vary from State to State, recommend to their constituent State societies that they similarly undertake the joint study of these subjects;

" 'D. the two associations, in recognition of the fact that legislation regarding practice of their professions is characteristically executed by States, recommend to their constituent State societies that they not sponsor legislation affecting the other profession without prior joint consultation on this subject at the State level. '

"Please be assured of our appreciation for APA's continued interest in the constructive resolution of this difficult problem. "

VII. Summary of reactions to the proposal (January 5, 1954) contributed by Fillmore H. Sanford, for inclusion in this issue:

"In response to a request from the President and our Committee on Relations with Psychiatry, a large number of Council members, officers of state associations, and others have fed back through this office a remarkably good and thoughtful series of reactions to the proposed joint agreement between psychologists and psychiatrists. The APA Board of Directors, when it comes to an intimate confrontation of this matter, will have the benefit of the best thinking of a wide variety of our members.

"Psychologists everywhere seem to approve heartily of the plans, formulated by the two committees of the two APA's, for research on problems of interdisciplinary relations and for increased interdisciplinary communication. There is great faith in the potential effectiveness of hard facts and well-intentioned discussion. But the proposed moratorium on legislative activity is quite another matter. Many of those who have expressed their reactions to the joint proposal favor a delay in all legislative moves that affect the relations between psychology and psychiatry. At least just as many oppose the moratorium. Those in favor of the moratorium argue that peace will be wonderful, that psychologists should not seek legislation anyhow until they know their own minds about it, that legislation, at best, is not a very effective way of establishing social controls over the practice of a profession, etc. Those opposed to the moratorium argue that psychologists must not dodge their responsibility to protect the public from unqualified practitioners, that delay will make it more difficult to secure adequate legislation, that several states already have a heavy investment in legislative efforts, that peace with psychiatry should not be purchased at too high a price, that psychiatrists cannot either pass or enforce restrictive legislation so there is nothing to be gained by their assurance that they will not try, etc.

"These are not all the arguments, either pro or con on the moratorium. The ones set down here are merely illustrative. A summary of all the feedback to date is now being prepared for distribution to the Board, the Council, CSPA, and officers of state associations.

"Meanwhile there have been further developments involving the two committees. A number of psychologists point out that the prepared joint statement is not clear with respect to a number of important issues including (a) the psychiatric stand on certification of psychologists, (b) the procedures to be followed with respect to bills already before legislatures or soon to be introduced, and (c) the relation between the earlier psychiatric approval of certification and the current AMA opposition to any form of legislation for psychologists.

"The two committees plan to meet jointly again sometime during January. It is planned that the psychologists' committee will meet first with the new Council committee on State Legislation, for it is clear that the proposed agreement with psychiatrists affects our own legislative policy. Perhaps after the January meeting of the committee our Board of Directors will be able to move toward decisive action of some kind. Meanwhile, I am sure the Board and the Council of Representatives would appreciate receiving further reaction from psychologists."

Members of Division 12 are urged to write their reactions to the Division Secretary (Dr. Helen D. Sargent, Menninger Foundation) to be transmitted to the Executive Committee before its Midwinter meeting, February 26-27 (see page 11 below).

DIVISION COMMITTEES FOR 1954-55

The following committees have been confirmed:

MEMBERSHIP COMMITTEE:

Ruth M. Hubbard, Chairman
Goldie Kaback
Wally Reichenberg-Hackett
Saul B. Sells
Howard L. Siple

SUB-COMMITTEE ON ASSOCIATES:

Wally Reichenberg-Hackett, Chairman
James T. Bugental
Helen D. Sargent

INTERPROFESSIONAL RELATIONS COM.:

Joseph Bobbitt, Chairman
H. Max Houtchens

COMMITTEE ON DIAGNOSTIC DEVICES:

Edwin S. Shneidman, Chairman
Sol Garfield
H. B. Molish

COMMITTEE ON NOMINATIONS:

William A. Hunt, Chairman
Samuel Beck
Carl R. Rogers

AUDITING COMMITTEE:

Frances S. Perce, Chairman
A. L. Hunsicker

PROGRAM COMMITTEE:

Jean W. Macfarlane, Chairman
Harrison Gough
S. B. Kutash
Clare W. Thompson

COMMITTEE ON PSYCHOTHERAPY:

Julius Seeman, Chairman
Louis Cohen
Gerald Pascal

RESEARCH COMMITTEE:

Maurice Lorr, Chairman
Aaron B. Nadel
E. Lakin Phillips
Eli H. Rubinstein

COMMITTEE ON PROFESSIONAL PRACTICE:

(formerly Com. on Private Practice)
Thomas W. Richards, Chairman
Katherine Bradway
Albert Ellis
Herbert Schlesinger

COM. ON LIAISON WITH DIVS. 16 & 17:

Victor C. Raimy, Chairman
John Arsenian
Mason Mathews
Charles R. Strother

POST-DOCTORAL INSTITUTE COM.

Louis S. Levine, Chairman
Hedda Bolgar
Ralph W. Heine
James Layman
Edward J. Shoben, Jr.

COMMITTEE ON THEORY & PRACTICE

James G. Miller, Chairman
William A. Hunt
George S. Klein
Helen D. Sargent
Joseph Zubin
(Others to be added)

EXECUTIVE COMMITTEE

Harold M. Hildreth, President
Jean W. Macfarlane, President-Elect
William A. Hunt, Past President
Helen D. Sargent, Secretary-Treasurer

Ruth Tolman, Member-at-Large
George S. Klein, Member-at-Large

Divisional Representatives:

Robert R. Holt
Victor C. Raimy
Anne Roe
Roy Schafer
Joseph Zubin

PSYCHOTHERAPY COMMITTEE:

The psychotherapy Committee would like to invite ideas and expressions of opinion regarding useful projects on which the committee might be working.

Louis D. Cohen
Gerald Pascal
Julius Seeman, Chairman,
George Peabody College
Nashville 5, Tennessee

CORRECTION:

On page 10 of the October 1954 Newsletter, the name of John T. Rosell was listed as a New Associate. His name should have been written John T. Rowell. Our apologies!

MID WINTER MEETING

The annual mid-winter meeting of the Executive Committee will be held on February 25-26, preceding the annual meeting of the American Orthopsychiatric Association at the Hotel Sherman in Chicago.

On the agenda for this meeting is discussion of the proposed moratorium on legislation, as well as such matters as membership policies, program committee plans, divisional reorganization within the APA, and functions of the Executive Committee.

Members of the Division are invited to submit items for the agenda concerned with matters of importance which should be considered. Topics for discussion should be sent to the Divisional Secretary, Dr. Helen D. Sargent, c/o Menninger Foundation, Topeka, Kansas, or to any member of the Executive Committee.

"PROFESSIONAL FATHER"

The following communication was received from Dr. Edward B. vanOrmer of Pennsylvania State University, dated December 15, 1954:

"A recent news item worries me very much and should be of concern to all psychologists. The television page of the New York Times on December 14th, Tuesday (page 50 in my edition), announced a new weekly television comedy program, "Professional Father," to start on Columbia Broadcasting System television network Saturday, January 8th, from 10:00 to 10:30 p.m., and weekly thereafter. It will take the place of the program, "That's My Boy."

"The theme is described as a child psychologist father proficient in guiding the children of other parents but unable to cope with his own children. The cast will include his wife and son and daughter.

"If this is a comedy program as described, it can hardly help but emphasize the erroneous popular opinion that most psychologists, psychiatrists, and guidance counselors have misbehaving and maladjusted children. I am the last to claim that such specialists are model parents. But to emphasize the opposite and possibly ridicule psychologists week after week, would seem to be most unfortunate!

"Such a program can hardly help but harm the whole child guidance and parent-education program carried on by the schools, psychological clinics, mental hygiene clinics and similar welfare agencies.

"It furthermore is an injustice to psychology as a profession. I know of no weekly program poking fun regularly at physicians, lawyers, or clergymen. Why pick on the psychologists?

"Dr. Carpenter, Head of our Department, today phoned the APA office at Washington, talking with Dr. Carl H. Rush, Jr., of our Staff (Dr. Sanford was out) and expressing his and my concern over the matter. Dr. Rush recognized the problem and said they would look into it.

"It seems to me that it might be well if a number of letters of concern went to CBS-TV and to the sponsors, Helene Curtis Industries, Inc., a cosmetics firm, letting them know of our concern over the announcement, and that if the program goes on the air, it will be watched very closely.

"You may wish to alert the members of your Division regarding this matter and suggest that they write, and/or write yourself, as an officer of the Division. This letter has gone, for the most part, to secretaries of divisions (Developmental, Clinical, Consulting, Educational, School, Counseling) since their addresses were most up to date."

Although we cannot take action as a Division until it is possible for the matter to be considered by the Executive Committee, individual members may wish to express their views as Dr. vanOrmer suggests.

Addresses for writing:

President Frank Stanton
Columbia Broadcasting system, Inc.
485 Madison Avenue, New York 22, N. Y.

Helene Curtis Industries, Inc.
745 Fifth Avenue
New York City



The Secretary's office is engaged in its continuing task of keeping address files up to date. Since changes sent to APA are not passed on to the Division, please notify this office of new addresses - yours and your colleagues who, if they have moved, may not even see this plea.

Helen D. Sargent, Secretary-Treasurer
Menninger Foundation
Topeka, Kansas

